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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	}
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COVER LETTER

Division of Cor			
SUBJECT: WAR	D Dynamics LL(
		l Liability Company)	
The enclosed Articles of	f Organization and fee(s) are st	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Charles	H. Ward II		
<u>-</u>	ſ	Name of Person)	
Ward Dy	namics LLC		<u> </u>
	(Firm/Company)	
613 Noi	rthern Oaks A	venue	
		(Address)	
DeLand	i, FL 32724		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Charles H. V	Vard II	at (386) 740-74	149
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
WARD Dynamics LLC	
	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	- Calin and a little Commence in
The maining address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
613 Northern Oaks Avenue	613 Northern Oaks Avenue
DeLand, FL 32724	DeLand, FL 32724
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature:
3 7 <i>7</i>	own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
Charles H. War	rd II

Charles H. Ward II

Name

613 Northern Oaks Avenue

Florida street address (P.O. Box NOT acceptable)

DeLand,

FL 32724

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 OF OCT CANAL OF

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	Manager ' = Managing Mem	Name and Address:
MGR	— Ivranaging Ivreni	Charles H. Ward II 613 Northern Oaks Avenue DeLand, FL 32724
MGRM	<u> </u>	Sherry W. Ward 613 Northern Oaks Avenue DeLand, FL 32724
	 	
(Use attac	chment if necessary)
f an effective da		than the date of filing:
REQUIR	RED SIGNATURE	

Charles H. Ward II

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)